

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

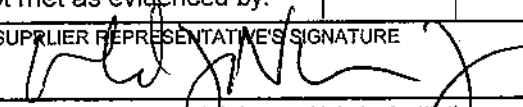
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2014
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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, CHATTANOOGA	STREET ADDRESS, CITY, STATE, ZIP CODE 2700 PARKWOOD AVE CHATTANOOGA, TN 37404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on testing and observations, it was determined the facility failed to maintain the exits.</p> <p>The findings included:</p> <p>1. Testing of the delayed egress exit door next to room 225 on 1/27/14 at 10:23 AM revealed that it did not release after fifteen (15) seconds. The magnetic lock did release upon alarm activation.</p> <p>2. Observation on 1/27/14 at 10:43 AM revealed the following delayed egress doors were not labled with the proper signage: Patient Dining Room, Back Patio door from Station 3, Stairway door by room 428, and Station 4 front hall stairwel.</p> <p>These findings were verified by the maintenance supervisor during the facility survey and acknowledged by the administrator during the exit conference on 1/27/14.</p>	K 038	<p>K 038 SS=D</p> <p>Corrective Action:</p> <p>1. The delayed egress exit door next to room 225 has been repaired to release after fifteen(15) seconds of constant pressure. To be completed by:</p> <p>2. The delayed egress doors located at the Patient Dining Room, Back Patio Door from Station 3, Stairway Door by room 428 and the Station 4 Front Hall stairwell will all be labeled with proper signage by:</p> <p>Identifying Other Patients / Areas:</p> <p>1. All other delayed egress exit doors released appropriately.</p> <p>2. All other delayed egress exit doors had proper signage.</p> <p>Measure & Changes to be taken:</p> <p>1. None other than corrective action detailed above.</p> <p>Monitoring Performance:</p> <p>Administrator or designee will use a QA monitor that will be developed to check delayed egress exit doors for proper release after 15 seconds of pressure and that they have proper signage. The QA monitor will be monthly for 2 months with results reported to the QA Committee consisting of Medical Director or Physician Designee, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After 2 months of monitoring, QA frequency may be reduced depending on results. To be completed by:</p>	<p>2/10/14</p> <p>2/15/14</p>
K 130 SS=D	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by:</p>	K 130		3/15/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	ADM	2/12/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 2L2R21 Facility ID: TN3311 If continuation sheet Page 2 of 5

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STREET ADDRESS, CITY, STATE, ZIP CODE

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K 130	Continued From page 2 a.It shall be made on either side of the fire barrier. b.It shall be made by an approved device that is designed for the specific purpose. Based on observations, it was determined the facility failed to maintain the fire barriers. The finding included: Observation on 1/27/14 at 11:35 AM revealed penetrations in the fire barriers in the following locations: Wall between new and old building above the fire doors and at the end of first floor corridor at barrier from independent living.	K 130		
K 147 SS=D	This finding was verified by the maintenance supervisor during the facility survey and acknowledged by the administrator during the exit conference on 1/27/14. NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the electrical system. The findings included: 1. Observation on 1/27/14 at 10:10 AM revealed computers located in front of electrical panels in the vending area and housekeeping areas.	K 147	K 147 SS=D Corrective Action: 1. The computers located in front of electrical panels in vending & housekeeping areas will be relocated by: 2. The extension cords and power strips in use at computer desk in housekeeping area, at the refrigerator next to Nurse Station 1, the business office and station 4 storage area will be removed by: 3. Storage blocking electrical panels in the Station 1 mechanical room, Station 2 mechanical room, Station 4 storage area and the electrical room in the laundry area will be removed by: 4. The multiplug adapter in use in the Station 2 day room will be removed by: 5. Electrical outlets within six (6) feet of the sink in the station 4 med room will be equipped with ground fault circuit interrupters by: Identifying Other Patients / Areas: 1. No other areas were identified during the survey. (Continued on next page)	2/15/14 2/15/14 2/28/14 2/15/14 2/15/14

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If continuation sheet Page 4 of 5

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K 147	Continued From page 4 back power strips in the station 4 storage area. These findings were verified by the maintenance supervisor during the facility survey and acknowledged by the administrator during the exit conference on 1/27/14.	K 147	(Page Intentionally Blank)	